

**Attachment E.I.a.
to Family Care Waiver
Application Pre-Print**

**Section E:
Fraud and Abuse**

Duplicate Payments Issues

Duplicate Payment Issues

SUMMARY OF MEDICAID SERVICES INCLUDED IN THE FAMILY CARE BENEFIT PACKAGE

The following Medicaid services are paid by the CMO for Family Care Recipients. These services are denied when billed Fee-For-Service to Medicaid for Family Care Recipients:

- Nursing Facility Stays including stays at MR facilities, IMD Nursing Homes. [1] (excluding lab and radiology ancillary services)
- Durable Medical Equipment purchased or rented in all settings [2] (except Hearing Aids; Assistive Listening Devices; Hearing Aid Accessories; repair/maintenance of Hearing Aids & ALDs; Hearing Aid batteries; Special Modifications to Aids and ALDs; and Prosthetics and the repair/maintenance of prosthetics)
- Disposable Medical Supplies (except supplies used in a hospital or physician clinic)
- Occupational Therapy [3,4] (except when provided in a hospital inpatient setting or when provided by a physician)
- Physical Therapy [3,4] (except when provided in a hospital inpatient setting or when provided by a physician)
- Speech and Language Pathology [3,4] (except when provided in a hospital inpatient setting or when provided by a physician or an audiologist)
- Specialized Medical Vehicle Transportation
- Case Management
- Home Health Services (all services provided by a Home Health Agency)
- Independent Nursing Services
- Independent Respiratory Therapy services
- Personal Care
- Mental Health and Alcohol and Other Drug Abuse Treatment [3,4,5] (except when provided in a hospital inpatient setting or when provided by a physician/osteopath) -Mental Health and AODA Treatment includes services provided by private mental health providers, county board operated clinics, home and community based services.
- Mental Health Day Treatment
- Alcohol and Other Drug Abuse Day Treatment
- In-Home Intensive Psychotherapy
- In Home Autism Treatment
- Child/Adolescent Mental Health Day Treatment
- Community Support Program Services (except when provided by a physician and except non-psychiatric medication and treatment services)
- Community Care Organization Services

Note: There are several situations in which the services listed above may be processed differently. Those situations include:

1. The entire Medicare cross over claim for a nursing home stay will be denied when billed Fee-For-Service. It is not possible for Medicaid to identify if there are any charges that may be outside of the daily rate and not included in the Family Care benefit package (e.g. lab and radiology services) because all charges on these claims are processed under a general code.

2. It is not possible for Medicaid to monitor for DME on a Medicare cross over claims for inpatient hospital charges as Medicaid is able to for straight Medicaid inpatient hospital claims. All charges on Medicare cross over inpatient hospital claims are processed under a general code and will be paid Fee-For-Service.
3. On outpatient hospital claims (including outpatient Medicare cross over claims) there is no way for Medicaid to determine when a physician has performed the service. Physical therapy, occupational therapy, speech/language pathology, and DME services on these claims will be denied when billed Fee-For-Service because physicians do not routinely provide these services in an outpatient hospital setting. Mental health services on these claims will be paid Fee-For-Service because physicians routinely provide these services in an outpatient hospital setting.
4. On professional Medicare (Part B) cross over claims Medicaid is able to determine when a physician has provided mental health services. Mental health services provided by physicians will be paid Fee-For-Service on Medicare cross over claims. Physical therapy, occupational therapy, and speech pathology services on Medicare cross over claims will be denied Fee-For-Service because Medicaid cannot identify the performer of service. These services are not routinely provided by physicians.
5. There are several mental health procedure codes that are used by physicians as well as PhD, and Masters level providers. When these codes are billed by other than private mental health clinics or individuals Medicaid is unable to determine if a physician provided the service. These services will be paid Fee-For-Service.

The caveats listed above are not to be interpreted as policy. For example, even though Medicaid cannot identify the performer of some family care services, the service should be submitted to and paid for by the CMO when it is part of the Family Care benefit package.

Service Description	Paid by CMO	Paid Fee-For-Service (by Medicaid)
Nursing Home Stays (including Nursing Home Institution for Mental Disease (IMD) stays and MR Facility stays)	All Services included in the daily rate - Accommodation codes 20-49, 80-81. Ancillary codes N2-transportation, N6-private room, N7-ventilator, N9-AIDS/Symptomatic HIV Positive	Ancillary Codes N3-lab and N4-radiology
Durable Medical Equipment (DME)	Procedure Codes A4210, A4611-A4614, A4630-A4640, A5500-A5507, B9002-B9006, E0100-E1820, K0001-K0116, K0268, K0456-K0461, L0100-L4999, W0905-W1067, W6600-W6780, W6782-W6890 (Type of Service P-Purchase and R-Rental) Revenue Codes 290-299	Procedure Codes L5000-L9999 Prosthetics and Repair of V5030-V5299, V5336, W6901, W6946 Hearing Aids W6903-W6909, W6966-W6969 Hearing Aid Access W6947-W6952, W6960-W6965, W6999 Repair or Modify Hearing Aids W6910-W6945, W6955 Hearing Aid Batteries W6902 ALD W6948 Special Modifications to Aids & ALDs
Disposable Medical Supplies (DMS)	Procedure Codes A4190-A6406, B4034-B9999, K0110-K0111, K0118, K0131- K0154, K0164-K0414, K0417, K0419-K0439, K0450-K0451, K0529, W1226-W1334, W6400-W6499, W6781 (Type of Service 9).	Supplies used in a physician office 99070 and supplies used in inpatient hospital and in outpatient hospital if separately billable.
Occupational Therapy	Procedure Codes 97000-97799, 90901 with Modifier OT. (POS other than 1, PPT other than 19,20) W9920 – by Home Health Agency Revenue Codes 430-439, 978	All POS 1 services All PPT 19, 20 services
Physical Therapy	Procedure Codes 97000-97799, 90901, 93797, 93798, 94650, 94651, 94652, 94667, 94668 with Modifier PT. (POS other than 1, PPT other than 19, 20) W9919 – by Home Health Agency Revenue Codes 420-429, 977	All POS 1 services All PPT 19, 20 services
Speech and Language Pathology Services	Procedure Codes 92506-92508. (POS other than 1, PPT other than 19, 20, 37) W9921 – By Home Health Agency Revenue Codes 440-449, 979.	All POS 1 services All PPT 19, 20, 37 services
Transportation – Specialized Medical Vehicle	Procedure Codes W9053-W9058, W9090-W9091, W9095-W9098, W9099.	
Case Management	Procedure Codes W7051, W7061, W7062, W7071.	

Service Description	Paid by CMO	Paid Fee-For-Service (by Medicaid)
Home Health Nursing/Aide Services	Procedure Codes W9925 – ongoing assessment, W9930 – initial nursing visit, W9931 initial aide visit, W9932 – medication management, W9940 subsequent nursing visit, W9941 – subsequent aide visit, W9030, W9031, W9045-W9046 – private duty nursing,	
Independent Nursing	Procedure Codes W9045, W9046.	
Respiratory Therapy by independent nurse; nurse or respiratory therapist employed by home health agency	Procedure Codes W9041, W9042, W9964-W9969.	
Home Care	Revenue Code in 550-559 nursing, 570-599 home health.	
Personal Care	Procedure Codes W9900, W9902-W9903, W9906, W9044.	
Mental Health Services, Alcohol and Other Drug Abuse Treatment provided by board operated mental health clinics	Procedure Codes W8927, W8928, W8931, W8932, W8934, W8935, W8937, W8972, W8973, W8975, W8976, W8977, W8979, W8987 – services provided by other than physicians (POS other than 1)	Procedure Codes W8930, W8933, W8936, W8938, W8974, W8978, – services provided by physicians, and W8987. All POS 1 services
Mental Health and Alcohol and Other Drug Abuse Treatment in Home and Community	W7414, W7401, W7402, W7404, W7405, W7406, W7409, W7410, W7411 – services provided by other than physicians	W7400, W7403, W7407, W7408, W7412, W7413 – services provided by physicians
Mental Health Services, Alcohol and Other Drug Abuse Treatment	Procedure Codes 90801-90899, W8968-W8970, W8987 (POS other than 1, PPT other than 19, 20).	W8987 All POS 1 services All PPT 19, 20 services
Medical Day Treatment	Procedure Codes W8910-W8914, W8988, W8989.	
Alcohol and Other Drug Abuse Day Treatment	Procedure Codes W8980, W8981, W8982	
In Home Intensive Psychotherapy	Procedure Code in W7027-W7030.	
In Home Autism Treatment	Procedure Codes W7085, W7086, W7087, W7088.	
Child/Adolescent Mental Health Day Treatment	Procedure Codes W7081, W7082.	
Community Support Program	Procedure Codes W8201, W8202, W8203, W8211, W8212, W8213, W8221, W8222, W8232, W8233, W8241, W8242, W8243, W8251, W8252, W8253, W8262, W8263, W8271, W8272, W8273, W8274, W8281, W8282, W8283, W8902, W8903, W8904.	W8200, W8210, W8220, W8230, W8240, W8250, W8280 – services provided by physicians W8290, W8292, W8293, W8294 – non-psychiatric medication and treatment services

Service Description	Paid by CMO	Paid Fee-For-Service (by Medicaid)
Inpatient Hospital Stays	DME taken home on date of discharge -Revenue codes 290, 292, 293, 299	Bill types 11X and 12X – inpatient claims except for DME taken home on date of discharge.
Professional Services provided to a hospital inpatient (services that are reimbursable separately from the Hospital's DRG reimbursement)		Professional services provided in POS 1 (e.g. physicians, psychiatrists, psychologists, chiropractors)
Physician Services (regardless of place of service)		Services provided by physicians, osteopaths, and audiologists – CPT Codes for Evaluation and Management, Surgery, Radiology, Laboratory, and Medicine.
Community Care Organization Services	N/A in Fond Du Lac County	N/A

KEY		
POS	Place of Service	1-Inpatient Hospital
TOS	Type of Service	1-Medical (In these cases it signifies that a physician performed.)
		P-Purchase of DME
		R-Rental of DME
PPT	Performing Provider Type	19-Osteopath (DO)
		20-Physician (MD)
		37-Audiologist